

07 APR 2006

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/562400

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		/		/		
5		/		/		
6		/		/		
7		/		/		
8		/		/		
9		/		/		
10		/		/		
11	/		/			
12		/		/		
13		/		/		
14		/		/		
15		/		/		
16		/		/		
17	/		/			
18		/		/		
19		/		/		
20		/		/		
21		/		/		
22		/		/		
23		/		/		
24		/		/		
25		/		/		
26		/		/		
27		10		/		
28		10		/		
29		10		/		
30		10		/		
31		/		/		
32		/		/		
33	/		/			
34		/		/		
35		/		/		
36		/		/		
37		/		/		
38		/		/		
39		/		/		
40		/		/		
41		/		/		
42		/		/		
43		/		/		
44		/		/		
45		/		/		
46		/		/		
47		/		/		
48		/		/		
49	/		/			
50		/		/		
TOTAL IND.	8	↓	8	↓		↓
TOTAL DEP.	44	←	68	←		←
TOTAL CLAIMS	102		76			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/		/		
52		/		/		
53		/		/		
54		/		/		
55		/		/		
56	/		/			
57		/		/		
58		/		/		
59		/		/		
60		/		/		
61		/		/		
62		/		/		
63	/		/			
64		/		/		
65		/		/		
66		/		/		
67		/		/		
68		/		/		
69		/		/		
70	/		/			
71		/		/		
72		/		/		
73		/		/		
74		/		/		
75		/		/		
76		/		/		
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						